

11/23/21, 4:44 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**CAMPOSOL CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

Baker & McKenzie LLP  
452 Fifth Avenue  
New York, NY 10018

September 22, 2021

Florida Department of State  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Please accept this letter as a request to reserve the following business entity name in Florida:

Camposol Corp.

The name and address of the person making this request is:

Gillian Lu  
Baker & McKenzie LLP  
452 Fifth Avenue  
New York, NY 10018

Sincerely,

*Gillian Lu*

Gillian Lu  
Paralegal

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2021 SEP 22 PM 1:15  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1505, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Camposol Corp.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 87-3182479  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/19/2021 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5555 Anglers Avenue, Suite 10, Fort Lauderdale, FL 33312  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Stephanie Hencz

Stephanie Hencz, Asst. Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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TALLAHASSEE, FLORIDA

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**A. DIRECTORS**☐ Chairman Name: Jose Antonio Gomez Bazan☐ Chairman Name: Alvaro Carrasco Benavides☐ Vice Chairman Address: Av. El Derby 250, 3rd Floor☐ Vice Chairman Address: Av. El Derby 250, 3rd Floor☒ Director Surco, Lima, Peru☒ Director Surco, Lima, Peru☐ President \_\_\_\_\_☒ President \_\_\_\_\_☒ Vice President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☒ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Alvaro Carrasco Benavides - Director  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAMPOSOL CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6246808 8300

SR# 20213881514

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204774939

Date: 11-23-21